

DEPARTMENT	
SECTION	
FILE	
DATE	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
Supersedes Old O-103 and C.
Effective 1-1-65

Operator Sulf Oil Corporation
Address P.O. Box 670, Hobbs, NM 88240
Person(s) for filing (check proper box)
New Well ☐ Change in Transporter oil ☐ Other (please explain) Change Lease Name and Well Number effective 3-1-85
Recompletion ☐ Oil ☐ Dry Gas ☐ H L Houston "MA" No. 1
Change in Ownership ☒ Coalinghead Gas ☐ Condensate ☐
(change of ownership give name and address of previous owner Arco)

DESCRIPTION OF WELL AND LEASE
Lease Name Arco Well No. 288 Pool Name, including Formation Cenozoic Monument Kind of Lease State, Federal or Free Lease No.
Location Cenozoic Monument South
Unit Letter C : 330 Feet From The North Line and 2310 Feet From The West Line
Line of Section 7 Township 21-S Range 36-E N.M.P.M. See County See

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Arco Pipeline Co. Address (Give address to which approved copy of this form is to be sent) Box 1190, Midland TX 79701
Name of Authorized Transporter of Coalinghead Gas ☒ or Dry Gas ☐ Phillips Petroleum Co. Address (Give address to which approved copy of this form is to be sent) 4001 Perbrook, Odessa, TX 79761
If well produces oil or liquids, give location of tanks. Unit C Sec. 7 Twp. 21S Rge. 36E Is gas actually connected? Yes When Unknown

(This production is commingled with that from any other lease or pool, give commingling order number:)
COMPLETION DATA
Designate Type of Completion - (X) ☒ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Sand Rest. ☐ Other ☐
Date Spudded Date Compl. Ready to Prod. Total Depth P.D.T.D.
Elevations (DB, AAS, RT, CR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Perforations Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)
Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)
Length of Test Tubing Pressure Casing Pressure Choke Size
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF

GAS WELL
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate, MCF Gravity of Condensate
Testing Method (flow, back prod.) Tubing Pressure (inlet-in) Casing Pressure (inlet-in) Choke Size

CERTIFICATE OF COMPLIANCE
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
James L. Howard
for AREA ENGINEER
3-20-85
(Date)
OIL CONSERVATION COMMISSION
APPROVED MAR 22 1985, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
TITLE
This form is to be filed in compliance with RULE 1104.
If this be a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowance on new and recompleted wells.
Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of conditions.